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**\*BIBDATASHEET\***

CONFIRMATION NO. 5650

Bib Data Sheet

SERIAL NUMBER 09/382,763	FILING DATE 08/25/1999  RULE	CLASS 455	GROUP ART UNIT 2685	ATTORNEY DOCKET NO. ADIC-1
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## APPLICANTS

GEORGE E. DEROME, MARSHFIELD, MA;

HENRY B. WALLACE, FINCASTLE, VA;

\*\* CONTINUING DATA \*\*\*\*\* *None.C.C.*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None.C.C.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/10/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<i>C.C.HOW</i> Examiner's Signature <i>C.C.</i> Initials	MA	4	22	3

ADDRESS  
SREPHEN G MATZUK  
PO BOX 767  
BOSTON , MA  
02102

TITLE  
DUAL-MODE TRANSMITTER

FILING FEE  RECEIVED 398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/382,763	FILING DATE 08/25/99	CLASS 340	GROUP ART UNIT 2736	ATTORNEY DOCKET NO. ADIC-1
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APPLICANT GEORGE E. DEROME, MARSHFIELD, MA; HENRY B. WALLACE, FINCASTLE, VA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/10/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 4	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
Verified and Acknowledged Examiner's Initials _____ Initials _____						

ADDRESS SREPHEN G MATZUK  
PO BOX 767  
BOSTON MA 02102

TITLE DUAL-MODE TRANSMITTER

FILING FEE RECEIVED \$398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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